

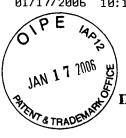
PART B - FEE(S) TRANSMITTAL

JAN	Complete and send t	his form, together wi	th applicable	fee(s), to: <u>Mail</u> or Fax	Commissioner fo P.O. Box 1450 Alexandria, Virg	Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571) 273-2885		
	INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.							
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01/17/2	/17/2006 CNGUYEN1 00000082 500618 10712186				BARBARA WILEY (Depositor's name)			
01 FC:1		A			Backaro	117/06	(Signature) (Date)	
02 FC:1	504 300.00 DA APPLICATION NO. FILING DATE			PIRST NAMED INVI	NTOP	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/712,186	11/13/2003			winey	03034US	7894	
	APPLN. TYPE	SMALL ENTITY NO	ISSUE F		PUBLICATION PEE	TOTAL FEB(S) DUE	DATE DUE	
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•	_	lence address (or Change of 12) attached. iom (or "Fee Address" Indica or more recent) attached. Use		1 14/ the name of a sarigie thin (having as a lifethoet a				
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFK 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ROHM AND HAAS ELECTRONIC WILM INGTON, DE US MATERIALS CMP HOLDINGS, INC							
	has a check the appropriate assignce category or categories (will not be printed on the patent):							
•	4a. The following fce(s) are enclosed: 4b. Income Fee Publication Fee (No small emity discount permitted) Advance Order - # of Copies			th. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number				
		MALL ENTITY status. See	7 CFR 1.27.	b. Applicant is a	no longer claiming SMAI	L ENTITY status. See 37 C	FR 1.27(g)(2),	
	interest as shown by the reco	o trom anyone otner Office.		paid issue fee to the applicationed attorney or agent; or the	ne assignee or other party in			
	Authorized Signature				Date	no. 34, 124		
•	Typed or printed name Blake Bleclerman							
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PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial Number: 10/712,186 Confirmation Number: 7894

Title: POLISHING PAD HAVING SLURRY UTILIZATION ENHANCING GROOVES

Attorney Docket Number: 03034US

ISSUE FEE TRANSMITTAL LETTER

Via Facsimile 571 273-2885 Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following:

- 1. X Issue Fee Transmittal (PTOL-85B).
- 5. X Authorization to charge fees to Deposit Account Number 500618.

Blake T. Biedennan

Attorney for Applicant(s)

Reg. No. 34,124

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